

STATE OF NORTH DAKOTA  
COUNTY OF \_\_\_\_\_

IN DISTRICT COURT  
JUDICIAL DISTRICT \_\_\_\_\_

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_  
AN INCAPACITATED INDIVIDUAL**

**Case No.**

**Name of Ward:**

**Age:**

**Phone:**

**Address:**

**City**

**State**

**Zip**

**Notice of Annual Report to Ward and Interested Parties**

**TO THE ABOVE NAMED WARD:**

You, as ward, have the right to petition the court to change, limit, or end this guardianship at any time. Any person who knowingly interferes with your request to the court or judge may be found guilty of contempt of court.

**REPORT FROM THE PERIOD FROM** \_\_\_/\_\_\_/\_\_\_\_ **to** \_\_\_/\_\_\_/\_\_\_\_

**Name of guardian/co-guardians:**

**Phone:**

**Address:**

**City**

**State**

**Zip**

As the named guardian/co-guardians for the above ward, I/we report for the period indicated above as follows:

1. The ward's name, address, and telephone number are correctly listed above.
2. A brief description of the ward's physical condition is:
  
3. A brief description of the ward's mental condition is:

4. The name, address, and telephone number of the person or institution that has care or custody of the ward is:
  
  
  
  
  
5. I/We have been authorized by the court to decide where the ward will live:  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, answer a through c.
  - a. The ward's current residence is:
  
  
  
  
  
  - b. Changes in the ward's residence since the last guardian's report are:
  
  
  
  
  
  - c. I/We propose that the following changes be made in the ward's living situation and care:
  
  
  
  
  
6. I/We have been given authority by the court to make medical decisions for the ward: \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, answer a and b.
  - a. The ward was last seen by a \_\_\_\_\_ physician \_\_\_\_\_ psychologist: (name and date of last visit):
  
  
  
  
  
  - b. Medical treatment I/we have authorized since the date of the guardian's report is:
  
  
  
  
  
  - c. Medical treatment I/we refused for the ward since the date of the last guardian's report:
  
  
  
  
  
7. The following services were provided to the ward:
  
  
  
  
  
8. To maintain the well-being of the ward, I/we plan to:

9. I/We believe the guardianship should continue for the ward because:
  
10. I/We believe the guardianship is no longer needed for the ward because:
  
11. My/Our powers as guardian/co-guardians should be increased because:
  
12. The reason(s), if any, why my/our powers as guardian/co-guardians should be limited are:
  
13. The person or entity handling the ward's financial matters is:

**The following is a complete account of the financial matters I/we have handled for the ward or in connection with the guardianship/conservatorship since the date of my/our last guardian's report.**

### **Financial Accounting**

**Ward's beginning financial balance:** \_\_\_\_\_

#### **Income & Expense Report**

**From** \_\_\_\_\_ **to** \_\_\_\_\_

**Income**

Wages/Salary	\$ _____
Social Security	_____
Pensions/Annuities	_____
Rental	_____
Investment Interest	_____
Dividend Income	_____
Other (please list)	_____
_____	\$ _____
_____	_____
Total Other Income	_____

**Total Income** \$ \_\_\_\_\_

**Expenses**

Rent/ Home Payment	\$ _____
Utilities	_____
Telephone	_____
Cable TV	_____
Medical	_____
Personal Needs	_____
Guardian/ Conservator Fees	_____
Other (please list)	_____
_____	\$ _____
_____	_____
_____	_____

Total Other Expenses \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

**Net Income (Loss)** \$ \_\_\_\_\_**Ward's ending financial balance:** \_\_\_\_\_**Description and Value of Ward Assets Existing on Date of Appointment****Description of Assets****Value**

_____	_____
_____	_____
_____	_____

**Report of Assets Sold, Acquired, or Converted****From** \_\_\_\_\_ **to** \_\_\_\_\_**Date****Description of Assets Sold, Acquired, Converted****Price**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is required for descriptions or detailed listings, please attach this information on separate sheets of paper.

The undersigned certifies that a true and correct copy of the guardian's report was on the following date mailed, by first class mail, postage prepared, or hand delivered to:

\_\_\_ ward

\_\_\_ ward's attorney (if currently representing ward):

\_\_\_ parent of ward with whom ward resides (if any): \_\_\_\_\_

\_\_\_ ward's conservator (if a separate conservator has been appointed): \_\_\_\_\_

\_\_\_ the following person(s) designated by the court order and other persons interested in this guardianship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date mailed or  
hand delivered

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date signed